

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

City of Globe

## ARIZONA STATE BOARD OF HEALTH 168a

## BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 107County Registrar No. 61Local Registrar No. 61

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

No. North Hill St. \_\_\_\_\_ Ward \_\_\_\_\_2. Full name of child Harry Lynn Bashore } If child is not yet named, make supplemental report, as directed.3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth 2 23 27 Month day year

5. No., in order of birth \_\_\_\_\_

3. FATHER Full name Harold Lynn Bashore 14. MOTHER Full maiden name Dora Flores9. Residence (Usual place of abode) Globe 15. Residence (Usual place of abode) Globe

If nonresident, give place and state \_\_\_\_\_ If nonresident, give place and state \_\_\_\_\_

10. Color or race white 11. Age at last birthday 24 (Years) 16. Color or race Mexican 17. Age at last birthday 19 (Years)12. Birthplace (city or place) Longmont, Colo. 18. Birthplace (city or place) Phoenix, Ariz

(State or country) \_\_\_\_\_ (State or country) \_\_\_\_\_

13. Occupation Laborer 19. Occupation Housewife

Nature of industry \_\_\_\_\_ Nature of industry \_\_\_\_\_

20. Number of children of this mother (a) Born alive and now living 1 21. Were precautions taken against ophthalmia neonatorum? yes

(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 6:25 P.M. on the date above stated.

(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from a supplemental report \_\_\_\_\_ Signature L. E. Wightman (Physician or midwife)Address 3-31, 27 Local Registrar.

Month, day, year. \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

Registrar. \_\_\_\_\_

825-223-462